

EXHIBIT G



CHRIS CHRISTIE
Governor

KIM GUADAGNO
Lieutenant Governor

State of New Jersey
OFFICE OF THE ATTORNEY GENERAL
DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF CRIMINAL JUSTICE
OFFICE OF THE STATE MEDICAL EXAMINER
EDWIN H. ALBANO INSTITUTE OF FORENSIC SCIENCE
NORTHERN REGIONAL MEDICAL EXAMINER OFFICE
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NEWARK, NJ 07103-2701
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JOHN J. HOFFMAN
Acting Attorney General

ELIE HONIG
Director

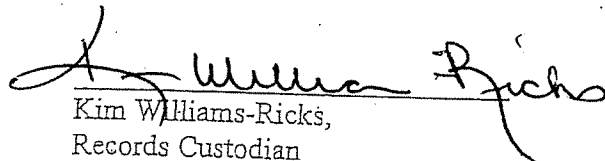
Date: May 19, 2015

To Whom It May Concern:

This is to certify that the attached is a sealed photocopy of the record of Williams, Peter Lee as the same appears in the medical examiners files of this facility.

I further certify that said records were maintained in the usual course of business.

I make this certification for the purpose of qualifying the attached record for introduction as evidence in court, as outlined in N.J.S.A. 52:17B-92.


Kim Williams-Ricks,
Records Custodian

File: 0914-0580



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09140580
WILLIAMS, Peter Lee

FINAL REPORT

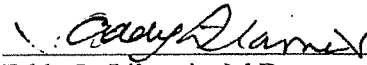
THE AUTOPSY REPORT WAS AMENDED TO READ AS FOLLOWS:

CAUSE OF DEATH: SEVERE CORONARY DISEASE. DUE TO:
ATHEROSCLEROTIC AND HYPERTENSIVE
CARDIOVASCULAR DISEASE.

CONTRIBUTORY CAUSE: COCAINE USE.
OBESITY, MILD.

MANNER OF DEATH: NATURAL.

AMENDED BY:


Eddy J. Lilavois, M.D.
Assistant Medical Examiner

DATE:

APRIL 23, 2015

EJL/la/ks
Dist.: County Prosecutor's Office; SMEO; File; EJL



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Director

LAUREN P. THOMA, M.D.
Acting Regional Medical Examiner

09140580
WILLIAMS, PETER LEE

CERTIFICATION:

This is to certify that I, Eddy J. Lilavois, M.D., Assistant Medical Examiner, have performed an autopsy on the refrigerated, unembalmed body of Peter Williams, in the Institute of Forensic Science, Regional Medical Examiners Office, Newark, New Jersey, on Wednesday, June 11, 2014, with the assistance of Forensic Technician Irvin Bennett. The autopsy starts at 1330 and is completed at 1610 hours.

IDENTIFICATION:

The subject was identified by his wife, Jamie Williams.

EXTERNAL EXAMINATION:

The body is observed naked and is that of an adult Black male weighing 208 pounds and measuring 70" in height. The physical appearance is that of a well developed, over weight man looking slightly older than the stated age of 51 years.

The head is covered with short curly black and gray hair. The eyebrows are thin and black. The irides are brown. The corneae are clear. The pupils are equal and fixed. The sclerae and the conjunctivae are congested. The nasal cavities are patent. The buccal cavity shows no pathology. The teeth are natural and in a good state of repair. The earlobes are pierced.

The neck is unremarkable. The larynx and the trachea are on the midline. The soft tissues of the neck are free of pathology on palpation. The chest is symmetrical. The abdomen is moderately protuberant and soft. The back presents no evidence of gross intrinsic pathology. The upper and the lower extremities are unremarkable.

No hyper pigmented linear tracks are identified on the extremities. No tattoos are noted. No surgical scars are seen.

Lividity is posterior and appropriate. Rigidity is moderate and broken with some effort. The body is cold to the touch.

REPORT NOT OFFICIAL WITHOUT RAISED SEAL

Peter Lee Williams 004032

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WILLIAMS, PETER LEE

THERAPY:

An endotracheal tube is noted in position at the right corner of the mouth. A dialysis catheter is inserted in the right subclavian area. An intravenous line is inserted in the right antecubital area. An intravenous line is inserted in the right inguinal area. There is a Foley catheter at the penis. A hospital bracelet is seen at the left wrist of the decedent bearing his name, date of birth, and other information, including a medical record number.

INJURIES:

They consist of blunt impact injuries.

Examination of the head shows two irregular lacerations of the posterior aspect of the head on the left side. They run parallel to each other, vertically, and measure 1 1/4" in average length. They are separated by a zone of intact scalp measuring 1". These lacerations extend through the full thickness of the scalp. There is focal hemorrhage of the underlying subgaleal tissues. There is no fracture of the skull. There is no evidence of injuries of the brain.

INTERNAL EXAMINATION

BODY CAVITIES: The body is opened with a Y-shaped thoraco-abdominal incision and a coronal incision of the scalp. All internal organs are identified and they occupy their usual anatomical locations. A few fibrous adhesions are noted in the pleural cavities binding the lungs to the thoracic walls. No effusions are seen in the natural cavities.

HEAD: The scalp and the skull present no evidence of gross intrinsic pathology.

The brain weighs 1247 grams. It is firm. On external examination the cerebrum shows an unremarkable pattern of gyri and sulci. The outer surface of the cerebellum shows no pathology. Serial sections through the different parts of the brain fail to reveal any evidence of gross intrinsic pathology of the gray and white matters of the cerebrum, cerebellum and brainstem. The ventricular system is patent throughout. The leptomeninges are congested. The dura and its sinuses present no pathology.

NECK: The different osseous and cartilaginous structures of the larynx are intact. The lumen of the larynx is patent. There is no evidence of swelling or congestion of the mucosa. Dissection of the soft tissues of the neck fails to reveal any evidence of gross intrinsic pathology.

RESPIRATORY SYSTEM: The left lung weighs 360 grams and the right lung 548 grams. The pleural surfaces are smooth and glistening, except in areas where fibrous tags are noted. There is good crepitation of the upper lobes and the right middle lobe. Congestion of the dependent parts can be seen. In those areas the lung parenchyma is firm to the touch. Serial sections through the different lobes confirm the congestion of the dependent parts. There is no evidence of pneumonic consolidation. The airways are patent throughout. There is no evidence of hyper secretion of mucus. There is no evidence of excessive congestion of the respiratory mucosa. No swelling is noted.

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WILLIAMS, PETER LEE

CARDIOVASCULAR SYSTEM: The heart weighs 653 grams. It is markedly enlarged. It has a globoid appearance due to the prominence of the left ventricle. The epicardium and the endocardium are smooth, glistening, unremarkable. Dissection of the myocardium shows hypertrophy of the walls of the left ventricle. In addition, there are several areas of infarction of different ages. These infarcted areas involve predominantly the lateral and the posterior walls of the left ventricle. Most of those infarcts are old, healed and represented by fibrous scars. Some infarcts are more recent and represented by areas of hemorrhage in the myocardium. In some areas there is also evidence of loss of tissue. The cardiac orifices, the leaflets and the cusps of the valves appear grossly unremarkable for a person of this age.

The aortic ring has a circumference of 6.7 cm., the mitral ring 10.2 cm, the pulmonic ring 7.5 cm, the tricuspid ring 12.1 cm. The walls of the left ventricle have an average thickness of 1.9 cm and the inter-ventricular septum is 2.5 cm thick. The walls of the right ventricle have an average thickness of 0.5 cm.

Dissection of the coronary arteries shows those vessels to be severely sclerotic. The most affected is the right coronary in which a metallic stent is noted. Segmental calcification is noted in the left anterior descending artery and the left circumflex. The latter shows a calcified segment right at its origin. In the calcified segments, stenosis is also observed, resulting in luminal restrictions of up to 40% of the original sizes of the vessels.

The other systemic arteries of the body, including the aorta, the subclavian arteries, the carotid arteries, the vessels of the Circle of Willis, and the renal arteries, show focal moderate atherosclerotic changes. This is more prominently noted in the distal aorta.

The main veins of the body are unremarkable. The pulmonary arteries and their branches are free of thrombi and emboli.

DIGESTIVE SYSTEM: The gastrointestinal tract appears grossly unremarkable on external examination. The stomach contains approximately 300 cc of a thick slight greenish brown material. Small pieces of foodstuff are seen, which appear to be remnants of vegetable. There is also one white pill (later identified as aspirin 81 mg). No abnormalities are noted in the rest of the GI tract.

The pancreas is grossly lobulated and firm. It shows no pathology on external examination. On serial sections congestion is seen.

HEPATOBIILIARY SYSTEM: The liver weighs 1859 grams. It is firm and shows a smooth tense capsule. On serial sections the parenchyma shows a nutmeg appearance due to congested areas alternating with and normal looking parenchyma. The gallbladder contains greenish brown bile.

URINARY SYSTEM: The left kidney weighs 160 grams and the right kidney 168 grams. Their capsules strip easily. There is diffuse granular appearance of the external surfaces of those organs. An occasional clear fluid cyst is noted. Serial sections through the parenchyma show severe congestion of the medullary elements. The urinary excretory system is unremarkable. The urinary bladder contains approximately 200 cc of yellow urine.

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WILLIAMS, PETER LEE

REPRODUCTIVE SYSTEM: The testicles are in the scrotum. They present no pathology. The penis is circumcised. It shows no abnormalities. The prostate is moderately large and firm. It shows no pathology on external examination. On serial sections no abnormalities are noted.

ENDOCRINE SYSTEM: The pituitary gland is small, firm, unremarkable. The thyroid gland is grossly unremarkable on external examination. On serial sections it presents a dark colloid substance. The adrenals are free of pathology.

HEMATOPOIETIC SYSTEM: The spleen weighs 99 grams. It is small, firm and shows a tense capsule. On serial sections congestion is noted.

LYMPHATIC SYSTEM: There is no gross generalized lymphadenopathy.

MUSCULOSKELETAL SYSTEM: The muscles are well developed. There is a fair amount of fat in the subcutaneous tissues. In the supra umbilical area the layer of fat measures 2" in thickness. The skull, the spine, the ribs, the sternum, the clavicles, and the pelvis are grossly unremarkable for a person of this age. The long bones of the extremities appear unremarkable on manipulation of the limbs.

TOXICOLOGY:

All specimens are submitted.

HISTOLOGY:

Representative sections are taken. Slides are requested.

AUTOPSY FINDINGS:

1. Atherosclerotic and hypertensive cardiovascular disease
 - a. Cardiomegaly (653 grams)
 - b. Hypertrophy of left ventricle (1.9 cm/septum 2.5 cm)
 - c. Severe sclerosis of coronaries
 - d. Status post placement of stent in right coronary
 - e. Myocardial infarctions, old and recent
 - f. Nephrosclerosis
 - g. Status post placement of stent in the right coronary
2. Blunt impact injuries
 - a. Lacerations of scalp
 - b. Hemorrhage
3. Obesity
4. Chronic illicit drug use

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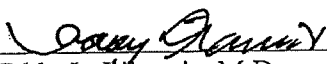
WILLIAMS, PETER LEE

CAUSE OF DEATH:

Pending further studies.

MANNER OF DEATH:

Pending investigation.


Eddy J. Lilavois, M.D.
Assistant Medical Examiner

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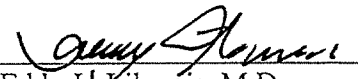
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WILLIAMS, PETER LEE

MICROSCOPIC EXAMINATION - APRIL 24, 2015

<u>ORGAN</u>	<u>FINDINGS</u>
<u>Lungs:</u>	Diffuse congestion of the tissues is observed. A few areas of emphysematous changes are noted. The mucosa of the upper airways is focally congested. There is no edema or overt inflammatory infiltration.
<u>Heart:</u>	Extensive fibrosis of the myocardium is seen in all sections. Myofibrillar hypertrophy is present and diffusely distributed. Severe sclerosis and stenosis of the coronaries are noted.
<u>Liver:</u>	There is diffuse moderately severe congestion of the parenchyma. Some portal spaces are infiltrated by groups of chronic inflammatory cells. Hepatonecrosis is not a feature.
<u>Kidneys:</u>	Most of the glomeruli are obsolete and trapped in dense connective tissue which is often infiltrated by chronic inflammatory cells. There is severe sclerosis of the arteries and arterioles.
<u>Note:</u>	Special stains ordered for the lungs sections are negative for allergic inflammation response.


Eddy J. Lilavois, M.D.
Assistant Medical Examiner

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STATE OF NEW JERSEY
STATE TOXICOLOGY LABORATORY
EDWIN H. ALBANO INSTITUTE OF FORENSIC SCIENCE
325 Norfolk Street
Newark, New Jersey 07103

Phone: 973-648-3915

FAX: 973-648-7618

TOXICOLOGY REPORT

Lab No: 14-1152

Received: 6-12-14 1216 js

Name: WILLIAMS, Peter

COYRSEQNO: 09-14-0580/NA

Age: 51 Sex: M Race: B

Submitting ME: LILAVOIS

Specimens submitted: Hosp-blood-1, hosp-blood-2, hosp-blood-3, hosp-blood-4,
hosp-blood-5, hosp-blood-6, urine, bile, vitreous, brain, liver,
stomach-content, ivc-blood-1, ivc-blood-2.

Analysis requested : Volatile screen, Double screen basic

RESULTS:

Report Date: 10:39 AM WED., 13 AUG., 2014

HOSP-BLOOD-1:

NOTE: Propylene Glycol quantitation by NMS Labs, Willow Grove, PA.

Not Detected -

Drugs and other compounds: Propylene Glycol.

URINE:

Not Detected -

Drugs and other compounds: 6-Mono-acetyl-morphine, Amphetamine, Barbiturates, Benzodiazepines,
Cannabinoids,

Codeine, Hydrocodone, Hydromorphone, Methadone, Methamphetamine, Morphine (free), Oxycodone,
Oxymorphone, Phencyclidine (PCP), Phenytoin, Propoxyphene, Tricyclic Antidepressants.

- CONTINUED -

WILLIAMS, Peter

ME#09-14-0580

LAB.#14-1152

IVC-BLOOD-1:

Benzoyllecgonine: 2.196 mg/L

NOTE: Lidocaine detected by GCMS.

NOTE: Cocaine detected by GCMS.

Not Detected -

Volatiles: Acetone, Ethanol, Isopropanol, Methanol.

Drugs and other compounds: 6-Mono-acetyl-morphine, Amitriptyline, Amoxapine, Barbiturates, Benzodiazepines,

Benzotropine, Brompheniramine, Bupivacaine, Bupropion, Buspirone, Cannabinoids, Carbon monoxide, Chlordiazepoxide, Chlorpheniramine, Chlorpromazine, Chlorpropamide, Chlorzoxazone, Citalopram, Cocaethylene,

Codeine, Colchicine, Cyanide, Cyclobenzaprine, Cyproheptadine, Desipramine, Dextromethorphan, Diazepam, Diphenhydramine, Diphenoxylate, Disopyramide, Doxepin, Doxylamine, Fentanyl,

Fluoxetine, Flurazepam, Hydrocodone, Hydromorphone, Hydroxyzine, Ibuprofen, Imipramine, Ketamine, Levorphanol, Loxapine, MDMA, Maprotiline, Meperidine, Mesoridazine,

Methadone, Methamphetamine, Methapyrilone, Metoprolol, Mirtazapine, Morphine (free), N-Acetyl-procainamide, Nefazodone, Nortriptyline, Olanzapine, Oxcarbazepine, Oxycodone, Oxymorphone, Papaverine,

Paroxetine, Pentazocine, Phencyclidine (PCP), Procainamide, Procyclidine, Promethazine, Propoxyphene, Propranolol, Protriptyline, Pyrilamine, Quetiapine, Quinidine, Quinine, Scopolamine,

Sertraline, Thioridazine, Tramadol, Trazodone, Tricyclic Antidepressants, Trihexyphenidyl, Trimipramine, Triptelennamine, Venlafaxine, Verapamil, Warfarin, Zolpidem.

Signature on file.

Ralph Gagliano
FORENSIC TOXICOLOGIST



/jr
14-1152